

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. 124 NOV 10 1952REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 353

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Francois</u> OR <u>RURAL</u> TOWN <u>St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u> OR <u>Rolla</u> TOWN <u>Rolla</u>	
c. LENGTH OF STAY (In this place) <u>9Y, 3 Das.</u>		d. STREET ADDRESS (If rural, give location) <u>406 Adams St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			
3. NAME OF DECEASED a. (First) <u>LOUIS</u> (Type or Print)		b. (Middle) <u>FRANKLIN</u>	
c. (Last) <u>LIGHT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 2, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 5, 1909</u>
9. AGE (In years last birthday) <u>42</u>	10. MONTHS <u>11</u>	11. DAYS <u>33</u>	12. IF BORN IN U.S. Hours <u>11</u> Mins. <u>33</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Rolla, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>A. M. Light</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Barnes</u>	
14. NAME OF HUSBAND OR WIFE <u>First - Unknown</u> <u>Second - Marion Kepke</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia, right - - - - -</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490X B</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 8, 1946</u> , to <u>November 2, 1952</u> , that I last saw the deceased alive on <u>November 2, 1952</u> , and that death occurred at <u>10:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. C. Brennan, M.D.</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Missouri</u>	
23c. DATE SIGNED <u>11-3-1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-5-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Null & Son, Rolla, Missouri</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>Nov. 3, 1952</u>		REGISTRAR'S SIGNATURE <u>Ethel R. Riddle</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Paul H. Dugal

Licensed Embalmer No. *4120*

P. O. Address *Farmington, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.